

<b>SCC eFile</b>	<b>2015 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION</b>	<b>215542776</b>			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: <b>Ocean Conservancy, Inc.</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>CT CORPORATION SYSTEM 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HENRICO COUNTY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION: <b>DC</b></p> </div> <div style="width: 35%;"> <p>DUE DATE: <b>11/30/2015</b></p> <p>SCC ID NO: <b>F1274523</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
CLASS	AUTHORIZED				
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 1300 19TH ST NW 8TH FL</p> <p style="text-align: center;">CITY/ST/ZIP: WASHINGTON, DC 20036</p>					
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: ANDREAS MERKL  TITLE: PRESIDENT&amp; CEO  ADDRESS: 1300 19TH STREET NW  8TH FLR  CITY/ST/ZIP/CO: WASHINGTON, DC 20036 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: ANDREAS MERKL TITLE: PRESIDENT& CEO ADDRESS: 1300 19TH STREET NW 8TH FLR CITY/ST/ZIP/CO: WASHINGTON, DC 20036	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ANDREAS MERKL TITLE: PRESIDENT& CEO ADDRESS: 1300 19TH STREET NW 8TH FLR CITY/ST/ZIP/CO: WASHINGTON, DC 20036	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR			
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: DAVID ALDRICH  TITLE: CHAIR  ADDRESS: 9609 ATWOOD ROAD  VIENNA, VA 22182 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: DAVID ALDRICH TITLE: CHAIR ADDRESS: 9609 ATWOOD ROAD VIENNA, VA 22182	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: WILLIAM MARTIN  TITLE: SECRETARY  ADDRESS: 1300 19TH STREET, NW  8TH FLOOR  CITY/ST/ZIP/CO: WASHINGTON, DC 20036 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: WILLIAM MARTIN TITLE: SECRETARY ADDRESS: 1300 19TH STREET, NW 8TH FLOOR CITY/ST/ZIP/CO: WASHINGTON, DC 20036	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: WILLIAM MARTIN TITLE: SECRETARY ADDRESS: 1300 19TH STREET, NW 8TH FLOOR CITY/ST/ZIP/CO: WASHINGTON, DC 20036	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR			

NAME:	THOMAS H ALLEN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	455 MASSACHUSETTS AVE. SUITE 700		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20001		
NAME:	MR CURTIS BOHLEN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4710 QUEBEC STREET NW		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20016-3227		
NAME:	LAURA BURTON CAPPS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1300 19TH STREET, NW 8TH FLOOR		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20036		
NAME:	PHILLIPPE COUSTEAU	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1300 19TH STREET, NW 8TH FLOOR		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20036		
NAME:	STEVE HENN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1300 19TH STREET, NW 8TH FLOOR		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20036		
NAME:	NICOLE LUSKEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1300 19TH STREET, NW 8TH FLOOR		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20036		
NAME:	CECILY MAJERUS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1300 19TH STREET, NW 8TH FLOOR		
CITY/ST/ZIP/CO:	WASHINGTON, WV 20036		
NAME:	DANE A NICHOLS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1300 19TH STREET, NW 8TH FLOOR		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20036		
NAME:	DR. MICHAEL K ORBACH, PHD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1300 19TH STREET, NW 8TH FLOOR		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20036		
NAME:	DR. STEPHEN PALUMBI, PHD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1300 19TH STREET, NW 8TH FLOOR		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20036		

NAME:	DR. ENRIC SALA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1300 19TH STREET, NW		
	8TH FLOOR		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20036		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ ANDREAS MERKL	ANDREAS MERKL, PRESIDENT & CEO	11/25/2015	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			